MEDICAL RECO	RD	CHRONOLOGICAL RECORD OF MEDICAL CARE				
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
	Patient/family educat demonstrated and verbalize exercise program, and will c		Treatment goals, options, in benefits discussed with patient/far family concurs with Rx plans and	mily. Patient/	Discharge criteria: meeting established goals, maximum benefit achieved, and/or as per protocol.	
	Patient's Goal:			Barriers learning	to	
	Evaluation/ treatment:					
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE Physical Therapy	Clinic	RECORDS MAINTAINED AT	
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO S	SPONSOR		
PATIENT'S IDENTIFICATI	ON: (For typed or written e	ntries, give: Name - last, first, Grade.)	middle; ID No or SSN; Sex;	REGISTER NO.	WARD NO.	
	Date of Billi, Hallive	/				

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record
STANDARD FORM 600 (Rev. 6-97)
Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202.1

MEDDAC (Ft Meade) OP 316, 1 Jul 02

Previous editions are obsolete. Physical Therapy Clinical Treatment Program Note